Supporting Housing Access And Stability With Social Security Disability Benefits

Presented by:

Pamela Heine, MSW, LSW, DRCC
Senior Project Associate
SOAR Technical Assistance Center
Policy Research Associates, Inc.
Delmar, New York

Ann Thoresen, LCSW
Associate Director
Housing & Homeless Services
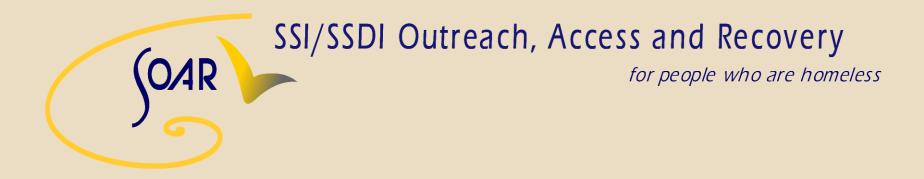Jewish Family Services
Margate, New Jersey

Agenda

- Overview of the SOAR Model

- Basics of SSA's Disability Programs

- The role of SSI and SSDI Benefits in Recovery

- National Success Stories

- SOAR Critical Components

- Questions and Answers

SSI/SSDI Outreach, Access and Recovery

for people who are homeless

SOAR TECHNICAL ASSISTANCE INITIATIVE

SOAR Technical Assistance Initiative

- SOAR stands for SSI/SSDI Outreach, Access and Recovery

- Focus is on people who are homeless or at risk for homelessness

- Sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) in collaboration with SSA since 2005

- All 50 states currently participate; no direct funding provided to states

- SOAR TA Center helps States and communities by providing technical assistance and training

The Players

- Social Security Administration (SSA)
  - Federal agency that administers SSI/SSDI
  - Makes the non-medical decision
- Disability Determination Services (DDS)
  - State agency under contract to SSA
  - Makes the medical/disability determination
- Medical/treatment providers
  - Assessments/evaluations
  - Medical records
- You!

SSI and SSDI: The Basics

- SSI: Supplemental Security Income; needs based; federal benefit rate is $710 per month in 2013; provides Medicaid in most states

- SSDI: Social Security Disability Insurance; amount depends on earnings put into SSA system; Medicare generally provided after 2 years of eligibility

- The disability determination process for both programs is the same

Why is SSI/SSDI Important for Individuals?

SSA disability benefits can provide access to:

- Income
- Housing
- Health insurance
- Treatment
- Other supportive services

For people with disabilities, SSI/SSDI can be a critical step towards ending homelessness and promoting recovery

Why Is Access to SSI and SSDI Important for States and Localities?

- People experiencing homelessness are frequent users of expensive uncompensated health care

- Providers can recoup cost of this care from Medicaid for up to 90 days retroactive to date of SSI eligibility

- States that fund health care for low income and/or disabled persons can save state dollars once Medicaid is approved

- States and localities can recoup from SSA the cost of public assistance provided during the application process

- SSI, SSDI and Medicaid bring federal dollars into states, localities and community programs

The Problem

- Only about 10-15 percent of homeless adults are approved on initial application

- Only 29 percent of **all** applicants are approved on initial application

- Appeals can take a year or more

- Many people give up and do not appeal

Uses SAMHSA's *Stepping Stones to Recovery* Training Curriculum

- Based on success of an SSA demonstration project in Baltimore, MD

- Achieved 96% approval rate for those assessed to be likely eligible

- Comprehensive approach to individual's needs with income as the "hook"

- Engagement, relationship, and assessment are integral parts of project and curriculum

How Is This Model Different?

- Case managers actively assist applicants and develop evidence

- Focuses on the initial application – "Get it right the first time!"

- Avoids appeals and consultative exams whenever possible

- Focuses on documenting the disability

How Is This Model Different?

☐ Successful states and communities:

▫ Form steering groups (including SSA and DDS) that meet regularly to address challenges

▫ Provide ongoing support to case managers assisting with applications so that communication and quality are enhanced (e.g., refresher trainings, quality review, support group meetings by phone or in person)

What We Know Is Possible…

- As of June 2012, 48 states reported outcomes:

  - More than **15,025** individuals were approved for SSI/SSDI on initial application

  - **66**% approval rate on average; many states are higher

  - In an average of **98 days**

- In 2012 alone, SSI/SSDI brought at least **$142 million** into the state and local economies of these states

- $9,093 Medicaid reimbursement per SSI approved application

Approval Rates Are Highest…

In places where more SOAR critical components are implemented!

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SUCCESS STORIES

SOAR Across Michigan

- Implemented Statewide in 2005

- Added as requirement in community mental health PATH provider contracts

- As of April 2012, 1,818 persons have been approved for SSI/SSDI

- Across the state, case managers have an approval rate of 67% including initial applications and appeals

Kern County Homeless Collaborative

- Invited members of the CoC and other key stakeholders to the planning forum
  - Made personal phone calls to encourage their participation
- Followed-up after the forum with calls explaining the requested level of commitment:
  - Staff to participate in the 2-day training
  - Staff given time to complete at least one application
  - Staff to track outcomes using the SOAR OAT program
  - Staff to participate in the monthly Standing Committee Meetings
- Prepared packets for each Executive Director
  - Customized memo to program directors
  - SOAR MOU
  - Training registration and instructions
- Holds monthly Standing Committee Meetings
  - Includes guest speakers (DDS, SSA, SOAR TA Center)
  - Reviews pieces of the curriculum
  - Shares successes and address barriers

Park Center in Nashville, TN

- Nashville's 10-year plan funds 3 positions in community mental health center

- Since May 2006, **97% of 420** applications approved in an average of **49 days**

- Works closely with medical records staff of local primary care clinics and hospitals

- Outreach ensures contact with applicants

- Strong collaborations with local mental health clinics for treatment

Utah Dept. of Workforce Services

- SOAR based in Department of Workforce Services (public assistance agency)

- Rolled out in Salt Lake City initially; rest of state started in September 2008

- Recovered $2 million in state general assistance funds from SSA in Salt Lake City alone

- Since 2006, 62% of 1,511 applications approved in 139 days

Central City Concern in Portland, OR

- Strongly linked to provision of housing

- 81% of 701 applications were approved in average of 99 days

- $539,000 of past medical bills became reimbursable through retroactive Medicaid for 37 applicants

- Funding from local hospital, foundation, City of Portland and Portland Housing Authority

Homeless Advocacy Project in Philadelphia, PA

- Since 2008, State contracts with the Homeless Advocacy Project in Philadelphia

- Two SOAR trainers at HAP:
    - Train community social workers to do applications
    - Perform quality review for all applications
    - Track outcomes

- Three separate SOAR projects:
    - Homeless adults – funded by City OSH
    - "Aging out" youth -- funded by State DHS
    - DPW funded project for TANF recipients

- 99 percent of 1,015 applications approved in average of 32 days

SOAR Across North Carolina

- ☐ Statewide coordination of SOAR is provided by the North Carolina Coalition to End Homelessness and funded by the State

- ☐ Focus on helping localities develop and sustain benefits specialist positions

- ☐ 17 FTEs in 10 communities/regions

- ☐ In 5 years, **80%** of 553 applications were **approved** in an average of **85 days**

Grady Memorial Hospital and First Step in Atlanta, GA

□ Grady refers individuals who are homeless and uninsured to First Step for assistance with benefits

□ First Step works with Grady to bill for Medicaid or Medicare

□ From 2007-2010, First Step had more than 300 approvals with an 86% approval rate

□ Outcomes from the first 9 months of this collaboration:

  ◻ Grady Memorial Hospital recovered ~$600,000 in expenses previously written off as bad debt

  ◻ Grady shares a percentage of their recovery with First Step to support their outreach efforts

Collaborations with Corrections

- **NY's Sing Sing prison & NYC community service agency**
  - Same staff does pre-release applications and follows folks in community
  - 85% of the first 183 pre-release SSI applications approved in 85 days on average

- **Miami / Dade jail diversion program**
  - SOAR is cornerstone of behavioral health court program
  - 77% of 673 applications approved in average of 68 days
  - Housing and treatment are provided upon release based on strong likelihood of SSI approval
  - Recidivism one year prior compared to one year after SSI approval went from 70% to 22%
  - In 2009, demonstrated nearly $7 million in savings to the State of Florida

Funding Strategies for SOAR Efforts

- Using outcomes to argue for additional resources

- State or local plans to address homelessness

- Federal grant programs (PATH, CDBG, MHBG, CABHI)

- Medicaid may reimburse for case management services usually based on face-to-face time; depends on your State Medicaid Plan

- Collaborations with hospitals and healthcare providers

- Foundations, United Way, other non-gov't. funders

- AmeriCorps State or VISTA members

- State or county general assistance programs

- Working with corrections

- Partnering with schools of Social Work for internships

- Asking state medical association for pro bono assessments

Foundation Funding

- Foundation funding for start-up and technical assistance in three Bay Area counties (CA)

- United Way funding for SOAR benefits specialists (GA, NC)

- United Way funding for coordination of SOAR (Palm Beach, FL)

- Glaxo Smith Kline and Blue Cross Blue Shield grants (NC)

- Northwest Health Foundation Kaiser Permanente Community Fund grant (OR)

- Providence Partners in Health grant (RI)

- Colorado Health Foundation grant for Colorado SOAR Training and Technical Assistance Center (CO)

Affordable Care Act and SOAR

- Affordable Care Act brings expanded access to Medicaid

- SSI/SSDI remain critical to accessing safe and stable housing

- People in housing and treatment have better health outcomes and use health services more effectively

- People who are homeless will need to be enrolled in Medicaid

- SOAR case managers are especially poised to help individuals who are homeless to enroll in Medicaid

- DON'T let the importance of Medicaid enrollment divert your community from the e importance of accessing SSI/SSDI benefits for those who are eligible

Community Buy-In

- Offer *Introduction to SOAR* presentation to stakeholders

- Utilize the SOAR *Memo to Program Directors*

- Establish SOAR provider MOU

- Emphasize the benefits of SOAR to individuals

- Get a commitment of staff and time

- Clarify the benefits to specific agencies

  - Rent for housing providers

  - Medicaid/Medicare for treatment providers

  - Ending homelessness for homeless service providers

  - Purchasing basic necessities from local businesses

- Ensure continued conversation and follow-up

Making This Happen in Your Community

Reallocate existing resources. Try it on a small scale.

- ☐ Time spent up-front on assessment and benefits acquisition can be an effective way to engage people

- ☐ Serving people who have an income and health insurance makes it easier and quicker to access housing, treatment, and other supportive services

- ☐ Being able to get people on SSI and/or SSDI and Medicaid in 90 days or less frees up resources to assist others

Conclusion

- SOAR works!

- It's a win-win for the individual and for community programs

- SSI/SSDI are major tools in recovery

CRITICAL COMPONENTS FOR EXPEDITING SSI/SSDI

Critical Components for Success

1. Staff trained & available to assist with applications

2. Maintain contact with applicant

3. Become applicant's representative

4. Obtain medical records, past and present

5. Collaborate with physicians

6. Electronic submission of information

7. Collaborate with DDS and SSA

8. Ensure quality of applications

9. Arrange for representative payees

10. Track and report outcomes

1. Staff trained and available to assist with applications

☐ Agencies doing work on SSI, especially with people who are homeless, must have outreach capacity

☐ Staff must have time to work on all aspects of application process to be successful

☐ Designated staff is often helpful in developing expertise

☐ Sustainability must be considered

2. Maintain contact with the applicant

- Technical denials by SSA are largely due to an applicant's inability to follow up

- Staff can use technology to stay in touch with SSA, e.g., e-mail

- Staff who assist must be skilled in engagement, maintaining contact, and assisting in beginning recovery

3. Become applicant's representative using SSA-1696

- Becoming a representative allows the case manager to:
  - Receive all correspondence from SSA/DDS
  - Receive complete record on CD in case an appeal is needed
  - Respond to questions from SSA and DDS without applicant's presence
- Poses no liability to case manager or agency
- SSA-1696 can be submitted at any time in the application process

4. Obtain applicant's medical records, past and present

- Complete medical information is critical to the disability determination process

- Active role for case managers expedites this process

- Procedures with providers need to be developed *before* SOAR is implemented

- Case manager uses medical records to develop a medical summary report (MSR)

5. Collaborate with physicians to do assessments & provide medical information

- ☐ Obtain needed assessments *prior to* submission of complete package of medical information

- ☐ Need mental status exam within past 90 days

- ☐ Think "outside the box" to obtain evaluations: psychiatry residents, pro bono

- ☐ Treating physician co-signs case manager's medical summary report (MSR)

- ☐ Avoids consultative exams (CEs)

6. Electronic submission of application & medical information

- SSDI (iClaim) and Internet Disability Report (i3368) should be completed online

- Electronic submission establishes a protective filing date and shortens application processing time

- DDS can provide a bar-coded cover sheet to fax medical records directly into the applicant's file

- DDS can authorize access to SSA's Electronic Records Express (ERE)

7. Collaborate with SSA and DDS

- Collaborate with SSA
- Request an SSA liaison to work with your SOAR initiative
- Request a DDS liaison to work with your SOAR initiative
- Ask SSA to use the homeless flag for applications from people who are homeless and add SOAR in their notes
- Negotiate a SOAR process for your state or community

The **SOAR Process**

☐ SOAR process template developed in 2007

☐ Accepted and in place in most SSA regions; can be refined in collaboration with your local field office

☐ Includes:

  ☐ Faxed consent form establishes protective filing date and provides documentation

  ☐ Case held at SSA for up to 60 days after protective filing date

  ☐ Case managers collect medical information without replication by DDS

  ☐ Assigned contact staff at local SSA and DDS offices

8. Ensure quality of applications prior to submission

- Community obligation is to ensure that applications are delivered as promised

- Identify an individual to review applications for completeness prior to submission

- Review medical summary reports

- Ask SSA and DDS for feedback on application quality and completeness

9. Arrange for representative payees

- ☐ Many people need a payee at the time of initial approval

- ☐ Arrange for representative payee if required

- ☐ SSA can provide a list of local representative payees

- ☐ Authorized payees can be paid for services up to an SSA set amount

10. Track and report outcomes

- Essential data elements include:

  - Date submitted to SSA

  - Date initial SSA decision is made

  - Outcomes of initial and appeal decisions (approval/denial)

- Use SOAR's Online Application Tracking (OAT) program, HMIS, or any other system you want – But do it!

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QUESTIONS?

For More Information

Visit the SOAR website at **www.prainc.com/soar**

Or contact: Pam Heine at pheine@prainc.com

For NJ - Ann Thoresen at athoresen@jfsatlantic.org

soar@prainc.com
www.facebook.com/soarworks
Twitter: @soarworks